THE ABLE DIABETIC
Able Guide No. 7

How Open Should You Be?
Deciding What to Share and With Whom

A personal perspective on a quiet dilemma of the type 1 diabetic life

Why this guide exists

Nobody tells you, when you are diagnosed with type 1 diabetes, how to handle the question of who should know. The medical team covers insulin and blood glucose. Nobody covers the moment a colleague notices you injecting, or the moment you decide whether to tell a new employer, or the years you spend quietly managing something significant while the people around you have no idea.

It is one of the more personal decisions in t1d life, and it deserves a proper conversation.

1. The stigma question

Some people with t1d still feel there is a stigma attached to the condition. That fear is not irrational - it reflects real experiences of being judged, misunderstood, or seen as less capable. We should acknowledge that.

Also to be said clearly: there should be no stigma. Type 1 diabetes is not brought on by lifestyle choices. It is not a reflection of character or discipline. It is bad luck, managed with considerable skill, every single day. The goal - my goal, and I hope yours - is to normalise it. Because it is normal. It is simply part of life for half a million people in the UK, and the people around us deserve to understand that.

2. My own experience - and where I got it wrong

My instinct from early on was to be open. I managed my condition in plain sight at work, told colleagues, and did not hide the insulin pen or the finger prick testing. That felt right, and I believe it was right.

However, looking back honestly, my openness did not go far enough. It was surface-level. I told people I had t1d. I did not often tell them what that actually meant, or what would genuinely help. When people asked how I was managing, I said I was fine. When a manager could have made small accommodations, I did not give them the information they needed to be able to offer them. When a friend might have provided real support, I wasn't good at explaining what I went through.

The result was that I carried more alone than I needed to. The support was there - it just was never properly invited in.

3. The cost of staying silent

When nobody around you truly understands, every small accommodation has to be managed invisibly. Every awkward moment at a restaurant, every meeting that runs through lunch, every impromptu walk that risks getting you into the hypo zone - all of it handled alone, without support, often without anyone realising why you are hesitating.

Silence protects you from judgment. It also keeps you more isolated than you need to be. And over time, that isolation has a weight of its own.

4. Practical steps to being more open

The goal is not to make t1d the centre of every conversation. It is to take the moments when openness is possible and use them well.

With a manager: if they ask how you are getting on, that is your opening. Be ready to say something concrete - "it would genuinely help to have a proper break at lunchtime" or "on days with a lot of back-to-back meetings, I sometimes need a few minutes to check my levels." You are not asking for special treatment. You are giving them something useful to act on.

With a close friend: they can probably handle more than you think. The unvarnished version - "there are days when this is really hard and I am exhausted by it" - is not a burden. It is an invitation to actually support you. Most people who care about you are waiting for permission to do that.

With colleagues generally: you do not need to explain the full picture. Simply being visible - managing your condition without apology, not disappearing to inject, not skipping meals without explanation - normalises it quietly and effectively.

5. What openness is not

Openness is not asking for special treatment. It is not performing struggle or making your condition the centre of every room.

It is allowing the people around you to have accurate information, so that their goodwill - which is usually there - can land somewhere useful. And it is doing something quietly powerful: showing the people around you what t1d actually looks like, lived well, without apology. That matters for you, and for everyone who comes after you.

Based on Sarah's lived experience of over 30 years with Type 1 diabetes, not medical advice.

Want to understand more?

Sarah's memoir **Invisible Impacts** covers her first decade living with Type 1 diabetes - including the professional and personal decisions that shaped how she chose to be seen.

Visit www.theablediabetic.com or contact Sarah at sarah@theablediabetic.com

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